

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4		/				
5		/				
6		2				
7	/					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	41					
TOTAL CLAIMS	47					

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TOTAL DEP.				
TOTAL CLAIMS				